


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000074480</b> 1. Entity Name <b>STEVE TAVLIN PROPERTY MANAGEMENT L.L.C.</b>	
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Principal Place of Business <b>630 SARINA TERRACE SW VERO BEACH, FL 32968 US</b>	Mailing Address <b>630 SARINA TERRACE SW VERO BEACH, FL 32968 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-5256677</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>TAVLIN, STEVE L 630 SARINA TERRACE SW VERO BEACH, FL 32968</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11000007751954

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

01/15/08-80054-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAVLIN, STEVE L 630 SARINA TERRACE SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOUTSOFIOS, YVONNE E 129 QUEEN BESS COURT HUTCHINSON ISLAND, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Steve L. Tarlin* 1/10/08 7724800977